



**SCHOOL BASED CHILD & FAMILY SUPPORT TEAMS  
INITIAL ASSESSMENT FORM**

**ASSESSMENT INFORMATION**

<b>CFST Leader</b>	<b>Assessment Date</b>	<b>Assessment Location</b>

**CHILD SPECIFIC INFORMATION**

<b>Name</b>	<b>Date of Birth</b>	<b>Current School and Grade</b>	<b>Student ID #</b>

**PARENT/CARETAKER SPECIFIC INFORMATION**

<b>Name and Relationship to the Child</b>	<b>Sex</b>	<b>Race</b>	<b>Date of Birth / Age</b>
<b>Current Address and Telephone Number:</b>			
<b>First/Primary Language (and need for an interpreter)</b>			

<b>Name and Relationship to the Child</b>	<b>Sex</b>	<b>Race</b>	<b>Date of Birth / Age</b>
<b>Current Address and Telephone Number:</b>			
<b>First/Primary Language (and need for an interpreter)</b>			



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**ASSESSMENT**

**What has led to this child being assessed?**

**People Present (and connection to the child) during Assessment:**

Name	Relationship to Child	Comments

**Child and Family Factors**

Academic Factors :



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Physical Health Factors :

Mental Health Factors :



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Social Factors :

Legal Factors :



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What are the assessment findings/conclusions concerning this child's needs and their impact on his or her academic success?

What is it about the child and/or family that needs to change to meet identified needs and ensure academic success?

What are the agreed upon "next steps", who will be responsible for them, and what is the timeframe to accomplish this?



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Does the family or child have any comments they wish to make?



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